

## License Profile Change

(Please note that all information needs to be completed)

Date Submitted: \_\_\_\_\_

Current Name: \_\_\_\_\_

Former Name (if applicable): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Rhode Island Department of Health License Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer Telephone Number: \_\_\_\_\_

### Indicate the Reason You Are Submitted This Form

Name Change: \_\_\_\_\_ Address Change: \_\_\_\_\_ Lost License: \_\_\_\_\_

**If you have changed your name and wish to have a new license printed, submit proof of name change, your old license card, and a money order for \$25.00 payable to the Rhode Island General Treasurer.**

**Changes of address can be faxed to the Rhode Island Department of Health at (401) 222-1751.**

**If you have lost your license, you need to submit a money order for \$25.00 made payable to the Rhode Island General Treasurer.**

**If you are submitting this form with a fee for a new license card, please mail them to the Rhode Island Department of Health Data Entry Unit, Room 105A, 3 Capitol Hill, Providence, Rhode Island 02908-5097.**

**Please allow 3-4 weeks for receipt of the new license card.**